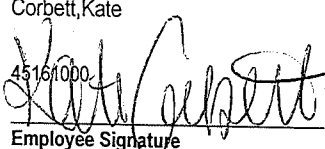
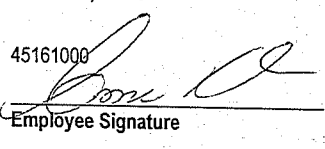
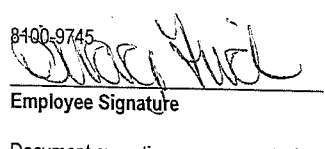
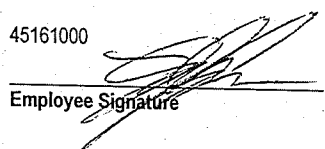


Director's Signature: CBSTime Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Corbett, Kate 45161000  Employee Signature	Day: In - Out		6:50 - 2:50	6:45 - 1:00	7:00 - 4:35		7:45 - 2:45	
	Lunch: Out - In		12:00 - 12:30	12:00 - 12:30			12:00 - 12:30	
	Outside Duty: From - To			1:00				
Document exceptions or comments, indicate type and amount.				Cambridge Dist	Lowell Comp 1.5 hrs	Lowell Dist	Comp 1 hr. ✓	
Dookhan, Annie 45161000  Employee Signature	Day: In - Out		6:45 - 3:15	6:45 - 1:00	6:45 - 3:15	6:45 - 3:00	6:45 - 1:00	
	Lunch: Out - In		12:00 - 12:30		12:00 - 12:30	12:00 - 12:30		
	Outside Duty: From - To			1:00				
Document exceptions or comments, indicate type and amount.				Cambridge Dist			4.05 OAC ✓	
Feiden, Stacey 8400-9745  Employee Signature	Day: In - Out		8:40 - 4:40	8:10 - 1:10	8:10 - 4:10	8:25 - 1:25	8:30 - 4:30	
	Lunch: Out - In		12:00 - 12:30		12:00 - 12:30	12:00 - 12:30	12:00 - 12:30	
	Outside Duty: From - To			8:45 - 1:10				
Document exceptions or comments, indicate type and amount.				BML		3.0 sic ✓		
Frasca, Daniela 45161000  Employee Signature	Day: In - Out		2:30 - 3:30	6:45 - 3:45	7:00 - 3:00	6:45 - 2:45	6:45 - 2:45	
	Lunch: Out - In		1:30 - 2:00	12:30 - 1:30	12:45 - 1:15	1:00 - 1:30	12:30 - 1:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

Director's Signature: CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Glazer, Lisa 45161000 	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			1:00 2:45				
Document exceptions or comments, indicate type and amount.				Commiss 5:30				
Lawler, Michael 45161000 	Day: In - Out		8:00 4:30	8:15 4:15		8:50 5:55	10:20 6:30	7:50 4:10
	Lunch: Out - In		1:35 2:05	1:40 2:10		1:20 1:50	1:10 1:40	12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.					Per 7.5			OT 7.5
Medina, Nicole 45161000 	Day: In - Out		7:45 3:45	7:45 3:40	7:45 3:45	7:45 2:45	7:55 3:55	2:00 2:50
	Lunch: Out - In		12 12:30	12 12:30	12:00 12:30	12 12:30	12:00 12:30	12 12:30
	Outside Duty: From - To		8:45 9:30					
Document exceptions or comments, indicate type and amount.			0.75 vac			1.0 hr vac		OT 7.5
O'Brien, Elisbeth 45161000 	Day: In - Out		8:00 3:30	8:00 2:00	8:00 2:30	7:45 2:45	7:25 2:25	
	Lunch: Out - In		11:00 1:00	11:30 12:00	11:30 12:00	11:30 12:00	11:30 12:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			Per 3.5	CIH 1.0	SIC 3.0			

Director's Signature: _____

CBS

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: April 17, 2010

Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Philips, Gloria 45161000 <i>Gloria Phillips</i> Employee Signature	Day: In - Out		8:45 - 4:45	/	/	/	/	
	Lunch: Out - In		12:00 - 12:30	/	/	/	/	
	Outside Duty: From - To			/	/	/	/	
Document exceptions or comments, indicate type and amount.				CMT 7.5	CMT 7.5	PER 7.5	CMT 7.5	
Piro, Peter 45161000 <i>Peter Piro</i> Employee Signature	Day: In - Out		8:55 - 4:55	7:45 - 3:45	8:30 - 4:30	8:45 -	8:15 - 4:15	
	Lunch: Out - In		12:30 - 1:00	12 - 12:30	12 - 12:30		12 - 12:30	
	Outside Duty: From - To					9:30 - 3:30 South Boston D.		
Document exceptions or comments, indicate type and amount.								
Renczkowski, Daniel 45161000 <i>D. Renczkowski</i> Employee Signature	Day: In - Out		8:00 - 4:00	6:45 - 2:45	7:10 - 3:10	7:45 - 3:45	8:00 - 4:00	6:45 - 2:45
	Lunch: Out - In		12:00 - 12:30	12:00 - 12:30	12:00 - 12:30	11:45 - 12:15	12:00 - 12:30	12:00 - 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								OT 7.5 hr ✓
Saunders, Della 45161000 <i>Della Saunders</i> Employee Signature	Day: In - Out		6:45 - 2:45	6:45 -	6:45 - 2:45	6:45 - 2:45	6:45 - 2:45	6:45 - 2:45
	Lunch: Out - In		1:30 - 2:00		1:45 - 2:15	1:45 - 2:15	1:30 - 2:00	12:15 - 12:45
	Outside Duty: From - To			8:45 - 1:10				
Document exceptions or comments, indicate type and amount.				BML				OT 7.5 ✓

Director's Signature: _____

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: April 17, 2010

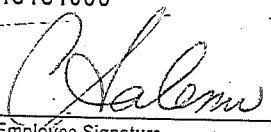
Employee Name:		Sunday 04/11/10	Monday 04/12/10	Tuesday 04/13/10	Wednesday 04/14/10	Thursday 04/15/10	Friday 04/16/10	Saturday 04/17/10
Sprague, Shirley 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		9:10 5:10	9:00 5:10	9:05 5:10	9:05 5:05	11:30 4:10	
	Lunch: Out - In		1:00 1:30	12:20 1:00	1:00 1:30	1:00 1:30	1:00 1:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.							VAC 3. hr	
Tan, Zhi 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		6:45 12:45	6:45 2:45	6:45 2:45	6:40		6:45 2:45
	Lunch: Out - In			11:45 12:15	11:50 12:20			12:00 12:30
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			1.5 hr Comp from last Friday			HPLC Seminar 7.5	Comp time 7.5	OT 7.5
Tran, Mai 45161000 <i>[Signature]</i> Employee Signature	Day: In - Out		8:50 1:20		8:30 4		8:15 2:15	
	Lunch: Out - In				11:30 12			
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			1.5 comp					
45161000 Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								

see email

Director's Signature: _____
 Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

Week Ending: _____

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Salemi Charles 45161000  Employee Signature	Day: In - Out		7:45 6:00	10:00 6:15	10:00 6:15	8:35 3:00	9:45 6:00	
	Lunch: Out - In		12:05 12:50	12:05 12:45	12:05 12:50	12:05 12:55	12 12:45	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount					VAC 2 hrs		
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							
	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount							

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 4/17/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: [Signature] Date: 4/15/10

Department Head: [Signature] Date: 4/15/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lawler	120459	7.5 hrs			
Nicole Medina	285766	7.5 hrs			
Daniel Penczkowski	297673	7.5 hrs			
Della Samuels	147387	7.5 hrs			
Zhi Tan	148724	7.5 hrs			